

Prehospital maternal sepsis screening and action tool

For use by midwives and primary health practitioners within community settings. To be applied to all **women who are pregnant or have been pregnant in the last 6 weeks irrespective of outcome** with fever suspected infection and/or abnormal vital signs.

Patient label

Name

NHI DOB

Address

1. In the context of presumed infection, are any of the following true

(common sources: pneumonia, UTI, breast abscess, mastitis, endometriosis, chorioamnionitis, infected caesarean or perineal wound, influenza, intra-abdominal infection)

Tick

- Patient looks, or says they are, very unwell
- Family or carer is very concerned
- There is ongoing deterioration

NO

Low risk of sepsis. Consider other diagnoses. Use clinical judgement and/or standard protocols.

Give safety net advice to women and family:

- Call 111 if deteriorates rapidly and inform LMC.
- Inform LMC if condition fails to improve or gradually worsens.

↑ NO

YES

Perform a full set of observations, including:

- blood pressure
- respiratory rate
- heart rate

YES

2. Is **ONE** maternal **RED FLAG** present?

Tick

- Responds only to voice or pain/unresponsive
- Acute confusion
- Systolic B.P ≤ 90 mmHg
- Heart rate ≥ 130 per minute
- Respiratory rate ≥ 25 per minute
- Needs oxygen to keep SpO₂ $> 92\%$
- Non-blanching rash or mottled/ashen/cyanotic
- Not passed urine in last 18 hours

NO

3. Is **ANY** maternal **AMBER FLAG** present?

Tick

- Relatives worried about mental state/behaviour
- Māori and/or Pacific ethnicity
- Acute deterioration in functional ability
- Respiratory rate 21-24 OR dyspnoeic
- Heart rate 91-130 OR new dysrhythmia
- Systolic BP 91-100mmHg
- Not passed urine in last 12-18 hours
- Temperature ≤ 36 °C
- Immunosuppressed/diabetes/gestational diabetes
- Has had invasive procedure in last 6 weeks (e.g. CS, forceps delivery, ERPC, cerclage, chorionic villus sampling, miscarriage, termination)
- Prolonged rupture of membranes
- Close contact with Group A. Streptococcus
- Bleeding/offensive wound/vaginal discharge

If immunity also impaired treat as Red Flag Sepsis

YES

At risk of sepsis

Consider:

- same day LMC assessment
- is urgent referral required?
- agree on management plan including follow-up or transfer to hospital

RED FLAG SEPSIS! This is a time critical condition, immediate action is required.

1. Dial 111 and arrange immediate transfer to nearest hospital.
2. Cannulate if skills and competencies allow.
3. Consider IV fluids
4. If available give oxygen to keep saturation $> 94\%$.
5. Pre-alert ambulance crew to '**Red Flag Sepsis**'.
6. Inform family of transfer.